

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6-10-98</u>		2 Serial/Patent # <u>09/073,019</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input checked="" type="checkbox"/>	Other <u>Surcharge (205)</u>		<u>5-4-98</u>	\$ <u>65.00</u>						
		7 TOTAL AMOUNT OF REFUND		\$						
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check							
<input checked="" type="checkbox"/>	Overpayment		Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--								
	No Fee Due (Explanation):									
<u>No Surcharge required complete application, wrong letter sent out PTO Error</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>S. Ahmed</u>		TITLE: <u>LI. Ex</u>								
SIGNATURE: <u>S. Ahmed</u>		PHONE: <u>305-2941</u>								
OFFICE: <u>O IPE,</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**